



California High School Proficiency Examination (CHSPE) Contact Designation Form for 2016–17

(New passwords are issued October 1 of each school year.)

Send this document by mail, fax, or e-mail (one completed form per local educational agency) to:

Attn: CHSPE Program Administrator
 Educational Data Systems
 15850 Concord Circle, Suite A
 Morgan Hill, CA 95037
 Phone: 408-776-7646
 Fax: 408-776-7696
 E-mail: Sharon@eddata.com

All fields must be completed to receive your secure logon information.

School District/Independent Charter School:		
County-District Code: (2-5 digits)	Independent Charter Code: (4 digits)	
District Superintendent/Charter School Administrator Name:		
Address:		
City:	State:	Zip:
E-mail Address:		
Phone:	Ext:	Fax:
Superintendent's/Charter School Administrator's Signature:		Date:

I designate the following employee as the CHSPE contact for the 2016–17 school year. (Please note: Accurate e-mail addresses are important since communications are distributed via e-mail. No personal e-mail addresses will be accepted.) I understand that if the CHSPE contact changes during the school year, I will need to designate a replacement and provide his/her contact information.

District Contact Name:		
Title:		
Mailing Address:		
City:	State:	Zip:
E-mail Address:		
Phone:	Ext:	Fax:

